



Policy No: 8530-2
Effective Date: March 2002

Revised: December 2006

Subject: HOSPITAL FINANCIAL ASSISTANCE POLICY

Purpose: To assure that no person is denied access to necessary health care solely because of inability to pay for care.

Policy: Any Morton General Hospital patient may make application for Financial Assistance.

The hospital will make reasonable effort to inform patients that Financial Assistance is available. Interested parties will complete an application to be reviewed for assistance determination. The basis for determination includes the following:

- Gross household income
- Net worth
- Family size
- Application for benefits under other programs, such as Medicare or Medicaid
- Resident of Lewis County

Financial Assistance will be granted on a sliding scale. The hospital will consider any household income up to 300% of the Federal Poverty Guideline as meeting the income requirement.

When determination has been made applicant will be notified of the hospital decision and will be given 30 days to appeal this decision. Assistance may be honored for six months after date granted. Once the assistance has been granted and the 30 day appeal has expired we will not re-open the case for re-determination.

Balance after Assistance:

If applicant fulfills requirements and is found eligible and a patient balance remains on the account, repayment can be made under a time payment arrangement. Any arrangement that will pay the debt within 1 year does not require income documentation. If the patient can not repay within 1 year, the following applies:

If Debt Is:	<\$1000	\$1001-\$3000	\$3001-5000	>\$5000
% of Annual Income	3%	5%	7%	10%

Percentage of annual income will be divided by 12 to compute monthly payment. Any deviation of this formula must be approved by Business Office Manager or CFO.

Denial/Any applicant above 100% of poverty:

Written determination will alert the patient that they have a right to appeal the determination within 30 days.

Suspended Application:

In a case where the patient could afford to pay for care if they return to work, their payment plan will be based upon the time payment formula referred to above. If they do not return to work a statement from their doctor stating that they cannot work and from employer regarding unemployment status will be necessary before application can be considered.

Definitions:**Cost of Care:**

We will use the most recent Medicare Cost Report Settlement available at the beginning of the year for Financial Assistance cases reviewed for the entire calendar year.

